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CONFIRMATION NO. 2485

Bib Data Sheet

SERIAL NUMBER 10/698,802	FILING DATE 10/31/2003 RULE	CLASS 379	GROUP ART UNIT 2643	ATTORNEY DOCKET NO. LUTZ 2 00228	
APPLICANTS James D. Peterson, Phoenix, AZ;					
** CONTINUING DATA ***** None of 7					
** FOREIGN APPLICATIONS ***** None of 7					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/06/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>[Signature]</u> Examiner's Signature <u>[Initials]</u>		STATE OR COUNTRY AZ	SHEETS DRAWING 2	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
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TITLE CALEA application server complex					
FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		